

ENGLISH MEDICAL LICENSING IN THE EARLY SEVENTEENTH CENTURY

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In the middle ages when every craft had its gild with an elaborate organization and code of conduct, medicine was singularly lacking in any such control and its members lacked a corporate spirit or feeling of group consciousness. Moreover physicians had no control except that which the universities provided as part of their training. In this respect medicine was unlike the Church and the legal profession, each of which in the middle ages had established itself as a distinct group with a strong corporate spirit. Throughout Europe the Church had expressed this spirit in the organization and hierarchy it had created to provide for its interests, and in England especially the law had developed along similar lines. Furthermore, both of them had very early provided training centers for their personnel in England, the Church at Oxford and Cambridge, and the law at the Inns of Court in London.

Medicine, because it had not emerged as a strong and independent profession until toward the end of the middle ages, because it had not developed a corporate spirit, and because the philosophical nature of medicine precluded any special type of education, did not establish training centers for its personnel. And yet perhaps all the blame for such tardy development should not be laid directly at the door of medicine. One of the principal reasons for its slow development was quite likely the contemporary attitude of the laity toward health and disease. It must be remembered that the middle ages, like the patriarchs of Israel, regarded disease as a visitation from God which must be endured as a punishment for sin. Even as late as the middle of the seventeenth century, James Cooke, the editor of Shakespeare's son-in-law's case book, wrote:

Sickness is commonly a punishment for Sin, which when God sends, although he deal favourably with some, it is not to be thought that Diseases are laid on only to be taken off again. For God having determined that sickness shall

be a Punishment, sometimes it is of one nature, other times of another, now it goes away of itself, sometimes not without help.¹

And so it is not hard to understand why it was that medicine was slow to become an organized group regulated by the State and given certain responsibilities. That the physicians should seek some form of state control in England and a more exact definition of their responsibilities is an interesting phenomenon in the development of their position in modern society.

The physicians themselves first sought state control and a definition of their duties in England. For in the year 1421 they presented a petition to parliament embodying their ideas of control and seeking some means to regulate the practice of medicine. It is the first recorded petition of its kind in England and very likely the first in Europe. Governmental attempts to regulate the profession on the continent did not come about until at least the seventeenth century. Internal disturbances, the slower development of the national spirit, and the power of the universities in licensing the profession were probably factors which delayed such regulation abroad. It is in keeping with the development of England as a nation at this period that she should have been the first to try regulating the profession. The historical importance of this petition lies in the fact that it shows the English conscience, at a remarkably early date, groping in the direction of social legislation. Since this document has never been published, I shall quote it in full:

High and most mighty Prince, noble and worthy Lords Spiritual and Temporal, and worshipful Commons, for so much as a man has three things to govern, that is to say, Soul, Body, and worldly Goods, the which ought and should be principally revealed by three Sciences, that be Divinity, Physic, and Law, the Soul by Divinity, the Body by Physic, worldly Goods by Law, and these cunnings should be used and practised principally by the most cunning men in the same Sciences, and most approved in cases necessities to increase of Virtue, long Life, and Goods of fortune, to the worship of God, and common profit. But, worthy Sovereigns, as it is known to your high discretion, many uncunning and unapproved in the foresaid Science practises, and especially in Physic, so that in this Realm is every man, be he never so lewd, taking upon him practise, be suffered to use it, to great harm and slaughter of many men: Where if no man practised therein but all only

¹ John Hall, *Observations on Select English Bodies* (ed.) James Cooke (London, 1657) Preface.

cunning men and approved sufficiently learned in art, philosophy, and physic, as it is kept in other lands and realms, there should many men that dies, for default of help, life, and no man perishes by uncunning. Wherefore pleases to your excellent Wisdoms, that ought after your soul, have more attendance to your body, for the causes above said, to ordain and make in Statute perpetually to be straightly used and kept, that no man, of no manner, estate, degree, or condition, practise in Physic, from this time forward, but he have long time used the Schools of Physic within some University, and be graduated in the same; that is to say, but he be Bachelor or Doctor of Physic having Letters testimonials sufficiency of one of those degrees of the University in the which he took his degree in; under pain of long imprisonment, and paying £40 to the King; and that no Woman use the practise of Physic under the same pain; And that the Sheriffs of the Shire make inquisition in their turns, if there be any that forfeits against this Statute, under a pain reasonable, and them that have put this Statute in execution without any favour, and the same pain. Also, lest that they the which be able to practise in Physic be excluded from practising, the which be not graduated, Pleases to your high prudence, to send Warrant to all the Sheriffs of England, that every practitioner in Physic not graduated in the same science that will practise forth be within one of the Universities of this land by a certain day, that they that be able and approved, after true and straight examination, be received to their degree, and they that be not able, to cease from the practise in to the time that they be able and approved, or never more entremette thereof; and that thereto also be set a pain convenient.

[Dorse:] Respons' hujus Peticionis patet in Rotulo
hujus Parlamenti tenti secundo die Maii,
anno regni Regis Henr' Quinti post Conquestum
nono, No. XI.²

A few days later parliament made a response to the petition in which it recognized the evils that had been inflicted on the people by ignorant practitioners in physic and surgery and ordained "that the lords of the king's council for the time being have power . . . to make and put [into effect] such ordinance and punishment against those persons . . . who are neither skilled nor learned." According to the definition which parliament gave, acceptable people were those who had studied physic in the universities, or surgery with the masters of that art. Through this action, the council was given temporary authority to take care of the problem "according to their good

² *Rotuli Parliamentorum*, IV, 158.

counsel and discretion, for the [surety] of the people."³ But there is no evidence to show that the council took its new responsibility very seriously. Whether that body attended to it is unknown; I can find nothing which sheds light on the subject. The subsequent internal disorder of the half century following the death of Henry V the next year, may help to explain why this attempt failed to materialize in an effective system of regulation. With the rise of the Tudors, the chaos which had prevailed was dispelled and gradually order was restored. But in the process, conditions had changed considerably. Now it was not the physicians seeking the protection of the State for their own interests but rather a State with a well, or at least thoroughly, organized and administered government which sought to control the profession in the interest of public health, with the result that medicine was brought under effective governmental regulation.

In the early years of the reign of Henry VIII, two statutes were passed which had a profound effect on English medicine and its control for more than three centuries. The first of these statutes, passed in 1511, placed the regulation of the profession both in London and throughout the country in the hands of the bishops, while the second, passed in 1522, was primarily concerned with regulation of the profession in London and districts within a radius of seven miles. It is with the first of these statutes that the present article is mainly concerned, but the second cannot be neglected in a survey of the provisions for medical licensing. Furthermore, the second statute represented the one attempt by the government to establish some central medical organization, which, inadequate as it

³ L'Ordonnance rencontre les entremetteurs de Fisik & de chirurgie. Item, pur ouster meschieves & perils quem longement ont continuez dedeinz le Roialme entre les gents, parmy ceux q'ont usez l'arts & le practik de Fisik & Chirurgie pretendantz soi bien & sufficeaument apris de mesmes les arts, ou de verite n'ont pas estez; a grande deceits a le poeple. Si est ordeinez & assentuz en ceste Parlement, que les Seigneurs du Conseil du Roi pur le temps esteantz aient poair, per auctorite de mesme le Parlement, de faire & mettre tiele ordinance & punishment envers ceux persons que desore en avant vorront entremetter, & user le practik des ditz arts, & ne sont my habiles ne approuvez en ycelles, come appent as mesmes les arts; C'est assavoir, ceux de Fisik en les Universities, & les Surgeons entre les Mestres de cell arte. Et ceo come semblera as ditz Seigneurs le plus covenable & necessarie en le cas, selonc leur bon advis & discretions, pur la seurete de le poeple. *Rotuli Parliamentorum*, IV, 130. The response may also be found in Latin in the British Museum, Additional Manuscripts 5843, fol. 255. Hereafter cited as Add. MSS.

proved at the time, eventually became the distinguished Royal College of Physicians.

The concern which the sixteenth century legislators felt for the health of London's population was displayed at the beginning of the statute of 1511. After a preamble in which the same abuses described in the petition of 1421 were enumerated, the statute continued with a provision for regulating medical practitioners in the city of London:

Be it therefore to the surety and comfort of all manner people by the authority of this present parliament enacted that no person within the City of London, nor within seven miles of the same take upon him to exercise and occupy as as Physicians [or Surgeons] not admitted nor examined after the tenour of by the Bishop of London, or by the Dean of Paul's for the time being, calling to him or them four Doctors of Physic [and for Surgery other expert persons in that faculty]. And for the first examination such as they shall think convenient; And afterward always Four of them that have been so approved, upon the Pain of forfeiture for every month that they do occupy as Physicians [or Surgeons] not admitted nor examined after the tenour of this Act, of £5 to be employed the one half thereof to the use of our Sovereign Lord the King and the other half thereof to any person that will sue for it by action of debt in which no Wager of Law nor petition shall be allowed.⁴

Medical licenses for the city of London were from that date forward to be obtained from the bishop of London or the "Dean of Paul's." But that regulation was short-lived, and seven years later letters patent were issued to three of the king's physicians and three London physicians for the incorporation of the doctors of the city of London and adjoining districts within a radius of seven miles.⁵ Thus the College of Physicians came into being. Four years later these letters patent were confirmed by a statute providing that "no person of the said politic body and commonalty aforesaid be suffered to exercise and practise physic, but only those persons that be profound, sad, discreet, groundly learned, and deeply studied in physic."⁶ The

⁴ 3 Henry VIII, c. 11.

⁵ The men who were named in the Charter were: Thomas Linacre, the main founder of the College; John Chambre, a prominent churchman as well as king's physician; Ferdinand de Victoria, a foreigner and the queen's physician; Nicholas Halsewell, John Francis, and Robert Yaxley, London physicians about whom little is known except in connection with the College of Physicians. William Munk, *The Roll of the Royal College of Physicians* (London, 1878) I, 10-23. Hereafter Munk, *Roll*.

⁶ 15 Henry VIII, c. 5.

selection of such persons was entrusted to the College of Physicians, thereby giving it strong control over the personnel of the London profession. The control which the bishop of London had enjoyed within the city was replaced by one which was vested in the hands of the medical profession itself.⁷ On the other hand, the control which Oxford and Cambridge exercised over medical training was not impaired by the foundation of the College, whose primary purpose was to oversee the health of London's population.⁸

In the concluding paragraph of the statute incorporating the College of Physicians, an attempt was made to require all practitioners who had no university license to be examined in London, "by the said president and three of the said elects; And to have from the said president, or elects, letters testimonial of their approving and examination."⁹ That attempt, however, on the part of the College to replace the bishops as a licensing body for the profession in the country never became very effective.¹⁰ The reasons for its

⁷ The bishop of London continued to license for the rest of his diocese which included most of the county of Essex in the seventeenth century. In the period 1603-1643, the bishops of London licensed nine to practice medicine in the city of London. J. H. Bloom and R. R. James, *Medical Practitioners Licensed under the Act of 3 Henry VIII, c. 11 in the Diocese of London* (Cambridge University Press, 1935) pp. 20-29.

⁸ In his argument on Dr. Bonham's case Justice Walmesley said that the statute 3 Henry VIII, c. 11 allowed the bishops to license in the country, but that London needed a more careful supervision, because it was conceived "that in this City, and the said Precincts, the King and all his Councill, and all the Judges and Sages of the Law, and divers other men of quality and condition, live and continue, and also the place is more subject unto Infection, and the air more pestiferous, and for that there is more necessity, that greater Care, diligence, and examination be made of those which practised here in London and the precincts aforesaid, then of those which practise in other places of the Realm, for in other places the People have better air, and use more exercise, and are not so subject to Infection, and for that there is no cause that such care should be used for them, for they are not in such danger." *Reports: [A Second Part] of Diverse Famous Cases in Law, as they were argued, as well upon the Bench, by the Reverend and Learned Judges, Coke, Flemming, Hobard, Haughton, Warburton, Winch, Nicholis, Foster, Walmesley, Yelverton, Montague, Dodridge, and diverse others, in their respective Places; as also at the Bar, by the then Judicious Serjeants and Barristers of Special Note.* Collected by Richard Brownlow (London, 1652) p. 261.

⁹ 15 Henry VIII, c. 5.

¹⁰ Munk (*Roll*, I, 58, 59, 122-234) reveals that only two extra-licentiates (doctors who resided outside the limits of the London area but who had a license from the College of Physicians) were licensed in the period prior to 1603. For the next forty years there are twenty-three extra-licentiates.

ineffectiveness are not hard to find. The Church perhaps did not complain too much when the College obtained a monopoly on licensing the profession in London, but any extension of that monopoly throughout the country was probably resented as an encroachment on ecclesiastical authority. Nor was the Church, in all probability, willing to relinquish its privilege of licensing to a new organization which had but little power to enforce its claims.

Toward the end of the sixteenth century and at the beginning of the seventeenth, the College attempted to exert its jurisdiction even further, this time by refusing to recognize as valid a license of Cambridge. The test for the authority of the College came in the case of Dr. Bonham, who was tried before Chief Justice Coke in Common Pleas. In that instance it was decided that the College had no legal right to refuse recognition of a university license when the College provided no training.¹¹

If the College and London had provided proper training and the power to enforce that training, the vested rights of both ecclesiastical and university authorities over the medical profession would probably have counted for little. In that respect, the developments of London and the College since the eighteenth century have shown what could have been done earlier had the proper power been placed with the College. Since such was not the case, it was only logical to expect that the doctors in the early sixteenth and seventeenth centuries would resort to authorities near at hand to obtain the legal sanction to practice. Such authorities were the Church and the universities, and of these two the Church was by far the more important.

¹¹ The decision of Chief Justice Coke in this case was that anyone (*non bene exequendo*) who practised in London could be punished, but that if anyone practised physic *bene* for less than a month he could not be punished. If the College imposed fines and imprisonment, it should keep a record of such, and if it collected the fines, it should turn them over to the king. "The Chief Justice, before he argued the Points in Law, because much was said in Commendation of the Doctors of Physick of the College in London, and somewhat (as he conceived) in Derogation of the Dignity of the Doctors of the Universities, he first attributed much to the Doctors of the said College in London, and confessed that nothing was spoke in their Commendation which was not due to their merits; but yet that no Comparison was to be made between that private College, and any of the universities of Cambridge and Oxford, no more than between the Father and his Children." (*The Eighth Part of the Reports of Sir Edward Coke, Kt. Chief Justice of the Common Pleas of Divers Resolutions and Judgments given on Solemn Arguments and with great Deliberation and Conference of the most Reverend Judges and Sages of the Law, which were never resolved or adjudged before: And the Reasons and Causes of the said Resolution and Judgments*, London, 1627, pp. 116 ff.)

The statute of 1511, 3 Henry VIII, c. 11, after complaining about abuses in the medical profession, and establishing regulations for the city of London, made provisions for medical supervision of the rest of the country.

And over this that no person out of the said City, and precinct of seven miles of the same except he have been as is said before approved in the same, take upon him to exercise and occupy as a Physician [or Surgeon] in any Diocese within this Realm, but if he be first examined and approved by the Bishop of the same Diocese, or he being out of the Diocese, by his Vicar-general; either of them calling to them such expert persons in the said faculties, as their discretion shall think convenient, and giving their letters testimonials under their seal to him that they shall so approve, upon like pain to them that occupy the contrary to this act as is above said to be levied and employed after the form before expressed. Provided alway, that this act, nor any thing therein contained, be prejudicial to the Universities of Oxford and Cambridge, or either of them, or to any privileges granted to them.¹²

The chief purpose of the statute was to rid the country of the quacks who infested it. To accomplish that purpose a forfeiture, which was to be divided between the king and the person who reported the illegal practice, was imposed upon the doctor practicing without a license. The want of information on the effectiveness of this promised "reward" precludes an extended discussion of the point; suffice it to say, however, that the number of quacks who practiced in England during the period the statute was in force would tend to indicate that the reward was not as effective as had been desired. The Church was apparently considered the one institution whose influence was extensive and potent enough to be effective in suppressing quacks and licensing the members of the medical profession; the authority which it received in the sixteenth century the Church maintained, theoretically at least, until 1858.¹³

In extending control over the medical profession the statute, 3 Henry VIII, c. 11, is an excellent example of the English method of legislation. The universities had enjoyed control of medicine since the thirteenth century when it joined divinity and law as a

¹² 3 Henry VIII, c. 11.

¹³ 21 & 22 Victoria, c. 90. The Medical Act of 1858 created the General Council of Medical Education and Registration of the United Kingdom, usually known as the General Medical Council. This body has controlled the medical profession in England since then.

profession, although it was the least important of the three.¹⁴ The parliament of 1511 did not abolish the authority and control which the universities had and substitute its own system; instead it merely supplemented the universities' right to grant licenses by allowing the bishops to do so too. For this additional supervision there were perhaps two outstanding reasons: the nature of medicine itself, and communication.

At the time medicine established itself as an independent profession, the universities were quite likely able to provide the proper training and supervision, but as time went on this ability was diminished to the point where more adequate control was deemed essential. A thorough course in medicine at the universities required the same amount of time as divinity and law. Naturally the length of time, eleven to fourteen years,¹⁵ required for a medical degree or a license, for the two were not always received together, limited the number of people who were fully equipped to deal with medical problems and supervise the health of the nation. Because for so many years medicine was regarded as a subject which could be acquired by reading, anyone who had been at the university for a few years, or, for that matter, anyone who had learned to read in one of the numerous grammar schools throughout the country, could obtain some knowledge of the fundamental philosophy of medicine and practice the healing art. Consequently, medicine, a philosophical and bookish subject, could be learned outside the universities by a man who could read the standard works, especially the *Galen Opera*. And since

¹⁴ Montpellier provided medical training from the twelfth century; Bologna and Paris provided it from the thirteenth century; Padua and Pisa developed medical training in the fourteenth century. (Hastings Rashdall, *The Universities of Europe in the Middle Ages* (ed.) F. M. Powicke and A. B. Emden (Oxford, 1936) II, 119ff.; I, 236, 435; II, 18, 45.) The original Cambridge statutes, formulated between 1303-1506, placed the faculties of Theology, Law, and Physic on the same footing with equal facilities in each. (Sir Humphrey Davy Rollaston, *The Cambridge Medical School*, Cambridge, 1932, p. 2.) Oxford, on the other hand, did not encourage Physic on an equal footing with the other two professions. Individual colleges, like Merton, University, or Exeter, were outstanding for their contributions toward science and medicine, but there was not the interest in it there was at Cambridge. (R. T. Gunther, *Early Science in Oxford*, Oxford, 1937, XI, 43, 78, 89.)

¹⁵ *The Statutes of the Reverend Dr. Whitgift, Master of Trinity College, Cambridge, and Others. Given to the University of Cambridge, A. D. 1570, by the authority of Queen Elizabeth*, in Cambridge University Transactions collected by James Heywood and Thomas Wright (London, 1854) I, 10. G. R. M. Ward, *Oxford University Statutes* (London, 1845) I, 52 ff.

medicine in practice still consisted to such a large degree of home remedies,¹⁶ one man's treatment was almost as good as the next, for it was a profession wherein natural abilities counted for much.¹⁷ A person with a shrewd insight, a knowledge of medical philosophy and some basic simples, such as cinnamon, hartshorn, barberries, and diascordium, could be a successful practitioner in the seventeenth century. Men, therefore, whose training was not as formal as the university required, but whose knowledge of medicine from their reading was such that they could practice effectively in districts where no fully trained doctor existed, were, by the statute 3 Henry VIII, c. 11, legally authorized to practice.

The other factor, communication, while not as important as the nature of medicine, played an influential part in the life of sixteenth and seventeenth century communities. In a few counties near the universities the doctor could make use of the Oxford or Cambridge examinations, but in many counties difficulties of travel made it necessary to devise some other method of control. In the remote sections it was possible that some of the men practicing had attended Cambridge or Oxford and obtained a B.A. and M.A. but had returned to their home counties before finishing a higher degree. In Cornwall, for example, of the eight doctors practicing during the early seventeenth century, two of them, John Gill and John Merritt, had M.D.'s from Oxford; one of them, Francis Harle, had a B.A. and M.A. from Cambridge, and one of them, Hanabali Vivian, had

¹⁶ There are hundreds of common-place books in the British Museum, the Bodleian, and the Cambridge libraries with home remedies in them collected from many sources: friends, doctors, and books on health. One can imagine they exchanged recipes and remedies for health as readily as cooking recipes are exchanged today. A good example of such a collection is in the Add. MSS. 28,327, which reveals the following treatments. "Mistress Gunter, oil for a bruise and sear cloth for sundry sores; Doctor Smith, with the red head, his counsel for the weakness in the back and spleen; Goodman Hampton, medicine to digest fleame and for a quarterine ague; Mr. Greene's medicine for the collick and the stone; Mr. Clarke, weakness of the back, or remove a corn; Lady Denny (wife of Sir Edward) receipt for wormwood water; Dr. Doudatee (Deodate) an Italian, medicine for pleurisy."

¹⁷ "Nature, that is, a potential aptness, wit and understanding, with a certain prominess and inclination to his profession," British Museum Sloan MSS. 667, p. 2. Simon Forman, the outstanding astrologer-physician, wrote: "To make a perfect physician . . . speculation . . . a quick concept, for except a man have a quick concept by natural inclination to join his speculation and practise together well he may be anointed a physician but it will be a good while before he be a good physician." The Bodleian, Ashmole MSS. 1457, fol. 53, Simon Forman on the Practice of Medicine.

a B.A. from Oxford; the other four, Hugh Atwell, George Beare, John Carveth, and John Greene, have left no record of degrees.¹⁸

When their livelihood depended upon obtaining a license, and that from a university, it seems only logical to expect that the doctors would have gone to the universities for the stamp of approval. Of course, doing so would have been hardly convenient for many of them. And while the state was not necessarily interested in the convenience of its citizens, yet in this case the most convenient arrangement for certain sections of the population also happened to be convenient for the state. After the statute of 3 Henry VIII, c. 11, it was possible for a doctor to obtain a license from the bishop without returning to the university.

For the legislators of 1511 there were two important agencies at hand which could have served as licensing authorities for the medical profession: the local governmental officials and the Church. With the extensive development of local units of government one wonders why such officials as the sheriffs, or the justices of the peace, were not chosen as the licensing authorities. Certainly their power was extensive enough to permit adequate regulation of the profession. Yet it would seem that more than a mere disciplinary control was desired by the parliament of 1511. Medicine as one of the learned professions could not be relegated to regulation by the average county official. It required an intelligent and educated authority to supervise it, as well as an authority whose power was comprehensive enough to make that supervision effective. Such an agency was the Church, which in addition to its extensive organization possessed a well-trained personnel and a system of courts that could serve as a disciplinary body.

Aside from the practical consideration of an institution which was both universal and powerful enough to serve as a licensing medium, a traditional bond existed which probably influenced the legislators. From primitive times the power of healing had been

¹⁸ Joseph Foster, *Alumni Oxoniensis, The Members of the University of Oxford, 1500-1714* (Oxford, 1891) II, 564; III, 1003; IV, 1548. Hereafter Foster. John Venn and J. A. Venn, *Alumni Cantabrigiensis Part I From the Earliest Times to 1751* (Cambridge, 1922) II, 345. Hereafter Venn. Lincoln Corporation Manuscripts preserved in the Office of the Town Clerk, Lincoln, described in the *Historical Manuscript Commission Reports XIV, Appendix VIII*, 76. Diocesan Registry, Exeter, Register Episcopal Acts, 1610-1629, fols. 26, 122. Hereafter Reg. Epis. Acts. Archbishop Abbot, Register, Lambeth Palace, London, III, 140d. Hereafter Abbot.

associated with the supernatural. Through various periods in history, medicine and religion had been closely or remotely associated, depending upon the stability of society at the given time. The close association between medicine and the Church in western Europe during the middle ages was due in part to the lack of any other group that could prepare itself for medicine, and in part to the sacramental character of the Christian Church.

Birth and death are important in the sacraments of the Church, and are times when doctors play a prominent rôle. According to Catholic dogma, the sacraments appropriate to those moments can be administered by laymen in the absence of a priest. It is only logical, therefore, to expect that the Church would be interested in and concerned about, the type of individual who administered the sacraments of baptism and extreme unction. The State, on the other hand, needed an institution which could exercise a general control throughout the country, and no institution suited the need better than the Church. Although the licensing act of 3 Henry VIII, c. 11, was passed before the Universal Church disintegrated, the traditional association was apparently so strong that no alteration was made in the provisions for licensing when the English Church was reformed.

Tudor government was, in the case of medicine, as in so many other instances, making use of an established institution to carry on part of its work. The use of the Church as that institution had its limitations, especially when medicine passed from the philosophical to the scientific phase, but at the time of the passage of the act and for more than a century and a half afterward, the Church served a useful function in licensing. It was the best means of centralized control that could be devised in the sixteenth century. Because of its extensive organization throughout the country, the Church was useful for secular affairs and very accessible to an average doctor. Likewise, it gave some sense of a stabilizing factor while simultaneously allowing to the profession a large measure of self-control.

In a study of the statute of 3 Henry VIII, c. 11, the apparent casualness and laxity with which the licensing was administered is striking, and may be explained by several factors. A source of both weakness and strength was evident in the arrangement whereby control of the profession was left to the Church. The strength lay in the principle of some control over the profession, while the weakness lay in the nature of the examining committee itself. Doctors

were numerous throughout the country but not plentiful.¹⁹ Under those circumstances either the examining doctors or the candidate might be attending a patient at the time appointed for the examination.

The sources for a study of the administration of the Act are scattered and scanty prior to 1660. Such information as can be obtained has to be pieced out of a few sources: the Registers of the archbishops of Canterbury, the *Liber Licentiarum* of the diocese of Canterbury, the Registers of the bishops of Chichester, Exeter, and London, one Register of the diocese of Lincoln, and the Consistory Court Records of the diocese of Gloucester.

The statute of 3 Henry VIII, c. 11, it will be recalled, had provided for a committee to examine the applicant but had not specified the number who were to be on the committee. The most specific statement the statute had made was that the committee should be presided over by the bishop or his Vicar-General and should be composed of such "expert persons in the said faculties, as their discretion shall think convenient." Those "expert persons" were usually local physicians who were to give, after examination, letters testimonial of the candidate's ability. Of all the letters testimonial which must have existed only one of them seems to be extant for the early part of the century. This one is to be found in the Diocesan Registry, Lincoln, and reads as follows:

To the Right Reverend father in God and our very good Lord William Lord Bishop of Lincoln. Right Reverend our humble duty remembered: whereas the bearer hereof George Fylding, of Lubenham in the county of Leicester, gent., upon due examination had of him by us whose names are here under subscribed being practitioners in physic lawfully authorized within your Lordship's diocese found to be of good and sufficient knowledge and experience in the art of Chyrurgery, we have thought good according to the statute in that behalf provided to give him a Testimony and approbation desiring your Lordship to give him your licence to exercise the said art according to the said statute before recited and so commending him and his suit to your Lordship's good consideration we humbly take our Leaves. Leicester the 13 of August, 1603. Upon the just report of Mr. Hampton I verilie think this bearer to be sufficient to execute the art of Chirurgery because he has

¹⁹ From studies which I have made and presented to Yale University in a Dissertation, 'The English Country Doctor in the Province of Canterbury, 1603-1643, I found that there were roughly about eight hundred doctors practicing in rural England during the first forty-three years of the century.

sufficiently examined him concerning the same as he faithfully affirms and I confidently believe. John Pottell, Thomas Hampton.²⁰

Although this is a license for practicing surgery, yet its form would probably not be different for medicine to judge by the forms found for the two after 1660. Thus, it may be seen that the Church supervised the functioning of the committee, but that the physicians themselves actually passed judgment upon the ability of the candidate.

The examiners were sometimes doctors who had received their training abroad, like George Bowle of Warwick and Oundle, Northamptonshire, who had an M.D. from Leyden.²¹ At other times they were doctors like John Golder of Dover, Kent, who had attended Oxford for a B.A. and M.A., then returned to Dover and after a few years received a license to practice from the Vicar-General of the archbishop of Canterbury.²² Occasionally, they were doctors like Thomas Twyne of Lewes, Sussex, who had not only received his B.M. from Oxford, but had also been made a licentiate of the College of Physicians.²³

Just as the number of examiners was unspecified, so the content of the examination was unstipulated and left to the examiners to devise according to their own standards. It was only natural, therefore, that the examinations varied from diocese to diocese and from time to time within a single diocese. Nevertheless, with medicine in a comparatively static condition, it is likely that the same general examination applied, and that the main specification was the ability of the physician to produce cures.

The Church as a licensing authority was a force which militated against too close, or too constant, supervision; it was a convenient and well-equipped agency in many respects, but church officials had

²⁰ Diocesan Registry, Lincoln, Lic. Sur. 1/1.

²¹ He testified as to the ability of James Cooke to practice medicine and surgery in the diocese of Worcester, July 22, 1661. (Diocesan Registry, Worcester, 1152, July 22, 1661.)

²² He testified as to the ability of John Bullock to practice surgery in the diocese of Canterbury, September, 1661 (Liber Licentiarum, Dean and Chapter Library, Canterbury, 1632-1635, L. fol. 150; Letters Testimonial, September 27, 1661; Foster, II, 578).

²³ He testified as to the ability of John Butler to practice medicine in the archdeaconry of Lewes, April 11, 1607, and of John Fage to practice surgery in the diocese of Chichester, March 9, 1608. Add. MSS. 39, 418, fol. 61d. fol. 6; Foster, I, 222; Munk, *Roll*, I, 108.

numerous other duties to perform. Many of the bishops probably had the attitude of the bishops of Bristol and Norwich in 1663, when asked by the archbishop concerning physicians in their dioceses. The bishop of Bristol replied that "there are a good many that do practise physic within my Diocese, but being at a great distance from them, I cannot particularize in your manner."²⁴ The bishop of Norwich answered in a similar fashion, by saying, "I have by my official registers made what inquiry I could of the ministers and churchwardens of my parishes, but cannot learn anything considerable." In contrast to these men the bishop of Exeter gave a full reply including who the men were, where they practiced, and what qualifications they had for their practice.²⁵ A conscientious bishop would quite likely press the necessity of a license sooner than a bishop who was lax in the performance of his episcopal duties. An example of such a personage may be found in the case of Bishop Miles Smith of Gloucester (1612-24), who made considerable use of the Consistory Court of the diocese, to judge from the number of presentments for practicing medicine, teaching school, and preaching without a license to be found in the Consistory Court Records, Public Library, Gloucester.

As an aid to the enforcement of his licensing authority the bishop had his Consistory Court. And that the bishops used such courts may be seen by referring again to Bishop Miles Smith and the Consistory Court of Gloucester. In 1612, that court cited Thomas Galeson "for practising physic and surgery without a license being not able to read." In 1619, it cited James Symes "for practising physic upon mad and distracted people."²⁶ There is no record to be found that either one of these two received the proper license. The case of George Minatte of Harsfield, Gloucestershire, however, was different. Five times during the period February 25th to March 21st, 1625, he was cited for "practising physic without a license." In the next month, April, 1625, he was licensed by the archbishop to practice in the Province of Canterbury.²⁷ Whether the court fined these doctors the five pounds allowed in the statute 3 Henry VIII, c. 11, is unknown.

²⁴ Lambeth Palace, London, Lambeth Manuscript, 639, fols. 306f., 333.

²⁵ *Ibid.*, fols. 354, 399-406.

²⁶ Public Library, Gloucester, Register of the Acts of Office in the Diocese of Gloucester, 1612-1613, Dec., 1612; *ibid.*, 1618-19, July, 1619.

²⁷ Public Library, Gloucester, Consistory Court Records, Diocese of Gloucester, Vol. 160, Feb.-Mar., 1625; Abbot, II, 214d.

In explaining the delay in receiving a license the nature of the social structure of English society in the early seventeenth century cannot be neglected. It was essentially the period of the small social unit in which everyone knew everyone else in his particular locality. If one of the young men in the community had been to Cambridge or Oxford, or had gone abroad, the people knew it. They might very well have assumed that his education and experience had been such as to allow him to practice among them for a time without insisting on his obtaining a license. If the community had no doctor, it was possible that the people accepted a doctor who appeared to have success with his treatment without wondering too much about his qualifications. Again, want of information makes it difficult to say how the other doctors in the community regarded an unlicensed man. Yet, because numerous licenses were obtained many years after the candidate had been at the university, the other doctors in the community probably did not object too strenuously to a new physician's practicing without a legal certificate. Whatever the feelings of the community and the licensed physicians were, the one outstanding fact is that there was apparently no hurry to take out a license to practice. Eventually the new doctor would go before the committee appointed according to law and would receive a license.

The ecclesiastical licentiates, then, were men who had received their first two degrees at the university, i.e., a B.A. and an M.A., but had had no more formal training. Actually there is only one case in all the records of both Church and University where a man received an ecclesiastical license after having had fourteen years of University training.²⁸ The same records reveal only three men who received an ecclesiastical license and then took an M.D. degree at one of the universities.²⁹

²⁸ Ambrose Richman of Wye, Kent, received an M.D. degree in 1619 from Cambridge and in 1624 Archbishop Abbot licensed him to practice in the dioceses of Canterbury, Winchester, and London. Abbot, II, 208; Venn, III, 456.

²⁹ John Bale of Canterbury received an episcopal license in 1662, twenty-eight years after his M.A., the next year he received an M.A. by order of the king. (*Liber Licentiarum*, Dean and Chapter Library, Canterbury, 1644-64, P. fol. 190d; Venn, I, 75.) Ethelbert Spencer of Ashford, Kent, received an episcopal license in 1595 from Archbishop Bancroft to practice in the diocese of Canterbury. In 1598 he received an M.D. from Cambridge. (*Liber Licentiarum*, Dean and Chapter Library, Canterbury, 1591-96, C; Venn, IV, 132.) Francis Wiseman was licensed in 1638, by the University of Cambridge; in 1642 he received his M.D. from Leyden. (Venn, IV, 442.)

The universities themselves, however, were not entirely free from granting licenses to doctors who had not finished all the necessary training, if the words of Ralph Winterton, Regius Professor of Physics at Cambridge, be accepted as representative of true conditions. In a letter written by Winterton in 1635 to Simeon Fox, President of the Royal College of Physicians at that time, he said that he regretted to see

sometimes a Minster, sometimes a Serving-man, sometimes an Apothecary, oftentimes Masters of Arts (whereof some have afterwards assumed holy Orders) admitted to a Licence to practise in Physic, or to be incorporated to a Degree without giving any publique testimony of their learning and skill in the profession.³⁰

Although these were characteristics that were beginning to enter the profession by 1635, Winterton's criticism was severe according to the evidence.³¹ There were some licenses granted to men whose qualifications were below what Winterton desired,³² but Winterton was

³⁰ Charles Goodall, *The Royal College of Physicians of London . . . And an historical account of the College's proceedings against empirics and unlicensed practisers* (London, 1684) p. 443f. Winterton might have mentioned women practitioners, but he apparently did not regard them as a serious threat. In this period there is a record of one woman, Katherine Greene, wife of Thomas Greene, of Royston, Hertfordshire, receiving a license from Archbishop Abbot. It was granted in 1626 for the diocese of London (except the city and seven miles), Lincoln, and Ely. (Abbot, II, 212d.)

³¹ There were only three clerics licensed by Cambridge within twenty years of Winterton's writing: John Hill of Coveney, Cambridgeshire (?) licensed 1621; John Yates of Stiffkey and Norwich, Norfolk, licensed 1629; Jonathan Frances of Langford and Biggleswade, Bedfordshire, and Norton, Herefordshire, licensed 1630. (Venn, II, 371; IV, 488; II, 172.) There were nine M.A.'s licensed by Cambridge in the same period; six of them were licensed in the nine years before Winterton wrote. Thomas Taylor, licensed 1626; Thomas Norton, licensed 1628; James Parker, licensed 1633; Elisha Clarke, licensed 1628; Thomas Brian, licensed 1629; James Lakes, licensed 1631. The three M.A.'s licensed in the preceding ten years were: Thomas Tomlinson, licensed 1620; Thomas Burnet, licensed 1622; Giles Lagden, licensed 1622. (Venn, IV, 210; III, 269; I, 341; I, 244; III, 35; III, 306; IV, 249; I, 261; III, 34.)

³² Peter Burgess, an M.A. from Cambridge in 1630 and a medical licentiate in 1634, may have provoked some of Winterton's complaint. At the time he received his license he was master of Saffron Walden School. (Venn, I, 257.) There were three men licensed in the twenty years before Winterton wrote, about whom nothing more is known: Lawrence Cotton, licensed in 1629; Daniel Houblon, licensed in 1629; John Vernier, licensed in 1633 on an M.D. he had from Leyden. Perhaps Cotton and Houblon were the serving-men he complained about. (Venn, I, 403; II, 412; IV, 299.)

young, only thirty-five, and as a Regius Professor he probably felt that he should complain about existing conditions. That the University sometimes granted a license instead of a degree was not the best thing, perhaps, for a well-trained profession, but it was better than nothing. If the University had licensed only those individuals with a B.M. or an M.D., the possibilities of university control over the profession would have been greatly reduced.

Fortunately, enough of the Cambridge and Oxford university records exist so that they can be checked with the licenses and Winterton's complaints substantiated. From these it is clear that about ten per cent of the licentiates of both university and episcopal licenses were clerics.³³ Some of these clergymen-physicians were men like John Burgess of London and Sutton Colefield, Warwickshire, who gave up "his function of preaching, and betaking himself to physick commenced Doctor at Leyden and is become a great practitioner about this town."³⁴ Others added the practice of medicine to their clerical duties, as did the minister of Worminghurst, Sussex, "in case of necessity, when desired."³⁵ For a time after the Restoration the number of clergymen-physicians who practiced increased. Many of them were non-conformists who had been deprived, while others were the regular clergy who supplemented their income through such practice.

It should be remembered, however, that in the more backward sections of the community the local vicar was the best educated man. He had, as a rule, at least one university degree and usually two,³⁶ his training for them would have included some of Aristotle, and he might very well have read some Galen or some part of the Hippocratic writings. His contacts at the university would have allowed him to know men studying medicine, giving him some acquaintance with medical treatment as it was then known. By training he was the one person in the more remote communities capable of administering to the sick.

³³ Thirty-three clerics were licensed by the universities and the ecclesiastical authorities. Of the thirty-three there were seventeen with episcopal licenses and sixteen with the university license.

³⁴ *The Letters of John Chamberlain* (ed.) Norman Egbert McClure (The American Philosophical Society, Philadelphia, 1939), XII, I, 343.

³⁵ Add. MSS. 39, 433, fol. 14d.

³⁶ There were sixty-two clergymen-physicians practicing in the early part of the seventeenth century. Of this number, fifty had a B.A., forty-eight had an M.A., three had a D.D., while for six of them there is no record of degrees.

Prior to 1633 there are no records to show that apothecaries were licensed to practice. For the years 1633-1637 only eight license certificates permitting apothecaries to practice can be found.³⁷ After 1637 and down to 1660 the records are missing, with the result that it is impossible to say how many apothecaries were entering the profession. The apothecary and the physician had been very closely connected; the one had prescribed while the other had dispensed. During the period, 1603-1643, doctors apparently had apothecaries who worked with them; Dr. Butler of Cambridge not only worked with his apothecary, Mr. Crane but lived with him.³⁸ Other doctors, such as Peter Mudén of Butterleigh, Devonshire, and William Lapworth of Warwick, appointed their apothecaries to assist in executing and overseeing their wills.³⁹ When the medical profession began to disintegrate after the humoral physiology of medicine was supplanted, it was a comparatively easy thing for the doctor to assume the dispensing qualities of the apothecary, and for the apothecary to prescribe. A practice arose which has not altogether disappeared today.

That the trend toward such a practice was manifest by the mid-thirties is evident from another passage of Winterton's letter to Fox, in which he wrote that "Chirurgians and Apothecaries are sought unto, and Physicians seldom but in a desperate case are consulted with."⁴⁰ In the early seventeenth century the gild regulations served to keep the three groups of the medical profession carefully separated. Medicine was administered by three distinct professions: "the Physician, as a great Commander, has as subordinate to him, the cooks for diet, the Surgeons for manual operation, the Apothe-

³⁷ John Rider of Newbury, Berkshire, licensed in 1633 (Laud, I, 133); John Fothergill of Sudbury, Suffolk, licensed in 1634 (*ibid.*, 222d); Valentine Fige, licensed in 1635 (*ibid.*, 232d); Thomas Woodhouse of Byton, Herefordshire, licensed in 1636 (*ibid.*, 247); Nicholas Rawlins of Daventry, Northamptonshire, licensed in 1636 (*ibid.*, 249); Job Veale of Kingston Pauper, Surrey, licensed in 1637 (*ibid.*, 279); George Haughton, licensed in 1637 (*ibid.*, 279d); Michael Belke of Leaveland, Kent, licensed in 1637 (*ibid.*, 282).

³⁸ Charles H. Cooper, *Annals of Cambridge* (Cambridge, 1842-52), III, 119.

³⁹ Prerogative Court of Canterbury, Principal Probate Registry, Somerset House, London. Goare, 130; Campbell, 91.

⁴⁰ Charles Goodall, *The Royal College of Physicians of London . . . And an historical account of the College's proceedings against empirics and unlicensed practitioners* (London, 1684) p. 444.

caries for confecting and preparing Medicines."⁴¹ The three groups of the medical profession were closely connected, but in the early seventeenth century each kept fairly close to his own sphere.

In his complaint Winterton was attempting to force the doctors to get the theoretical university training, whereas medicine actually needed less of that and more of the practical. The university licenses were not often granted to men who had not at least a B.A.,⁴² more often they were given to those with an M.A.⁴³ There were a large number of university licentiates who received the license within three years of their M.A.⁴⁴ The license was granted at Cambridge under somewhat different circumstances than at Oxford. In almost half the cases Cambridge granted the license within six years of the M.A.,⁴⁵ apparently substituting it for the B.M., while Oxford usually granted it with the B.M., which in most cases required more than six years.⁴⁶ After the six-year period the licenses continued to be given up to twenty-nine years after the licentiate had been in attendance at the university.⁴⁷ Yet a delay of many years was not a common occurrence in the granting of university licenses.

Two-thirds of the licensed doctors in this period received their

⁴¹ Johann Oberndorffer, *The Anatomies of the True Physician and Counterfeit Mountebank: wherein both of them are graphically described . . . Published in Latin . . . and translated into English by, F. H[erring], Fellow of the College of Physicians in London. Hereunto is annexed: a short Discourse, or, Discovery of certain Stratagems, whereby our London Empericks have bene observed strongly to oppugne, and oft times to expugne their Poore Patients Purses* (London, 1602), p. 29.

⁴² There is just one case of a doctor receiving a license to practice on a B.A. Richard Sherman, rector of Horham, Suffolk, received his B.A. in 1556/7, received his license in 1558, but received an M.A. in 1560 and an M.D. in 1567. (Venn, IV, 63.)

⁴³ There were thirty licentiates out of sixty-six from Cambridge who had only an M.A. At Oxford there were fourteen licentiates out of fifty-eight who had only an M.A.

⁴⁴ Sixteen of the forty-four licentiates with M.A.'s received them within one to three years.

⁴⁵ In thirty of the sixty-six cases from Cambridge the license was granted within six years of the M.A.

⁴⁶ In only eleven cases of the thirty-one cases of Oxford licentiates with B.M.'s did the licentiate receive his B.M. and license within six years. There is no record of a Cambridge B.M. receiving a license to practice.

⁴⁷ Edward Wagstaffe, of Stourbridge, Warwickshire, received a license to practice twenty-nine years after his B.M. Since this occurred in 1661 it is possible that he lost his license during the Commonwealth and was applying for a new one. (Foster, IV, 1551.)

licenses from the ecclesiastical authorities, the other third from the universities of Cambridge and Oxford. It does not necessarily follow that university men were licensed only by the university, or that the universities licensed only their own men. Since the latter were a degree-granting body, they had a higher percentage of medical licentiates with more degrees than the episcopal licentiates. The universities, because of their training, could give their licentiates a better preparation than the ecclesiastical licentiates, and therefore, could and did offer a much more carefully regulated personnel to the medical profession.

In the seventeenth century, the country doctor had to cover large territories by "riding practise." In doing so he travelled from one diocese to another, which according to the statute 3 Henry VIII, c. 11, necessitated a license from the bishop of each diocese. This awkward requirement was mitigated when the archbishops were authorized to issue licenses valid in several dioceses, or even in the entire province, but not valid in the city of London.⁴⁸ The fact that nearly a quarter of the doctors in the early seventeenth century received their licenses from the archbishops is significant in showing the importance of this method in the licensing scheme. Once a license had been obtained, it was not renewed each time the archbishop died, but was apparently good for life.

The area in which the license was valid probably depended on the fee paid, although records of such fees have rarely survived. Prior to 1660 only the diocese of St. Asaph has any record of the cost of a medical license, and that record concerns a surgeon's rather than a physician's license. The fee in 1605 for such a license was twenty-six shillings and eight pence.⁴⁹ After the Restoration there are a few more references to be found on surgeon's fees, but none for physicians. A diocesan license for a surgeon in 1662 in the see of Canterbury was itemized on the fly-leaf of his letter testimonial:⁵⁰

for 3 cit[at]ions]	2.6
for the serving	5.6
for his lic[ense]	18.6
	<hr/> 26.6

⁴⁸ The archbishops were not included as licensing authorities in the original statute, 3 Henry VIII, c. 11, but the act which did authorize them to do so cannot be found.

⁴⁹ Diocesan Registry, St. Asaph, Precedents Book of Christopher Lacey, 1605.

⁵⁰ Dean and Chapter Archives, Canterbury, Miscellaneous Documents relating to Physicians, Surgeons, etc.

In 1707 a surgeon's license at Llandaff⁵¹ cost one pound seventeen shillings and four pence, while in the diocese of London in 1706 a similar license cost one pound eleven shillings.⁵²

The universities made no distinction between a license in surgery and one in medicine, each of which cost forty shillings. If the diocesan licenses were granted under the same circumstances as the university licenses, the cost of a physician's license from the ecclesiastical authorities, therefore, would have been the same as the cost of a surgeon's. Between the university license and the ecclesiastical license there was a slight difference in the fee, which may in part be accounted for by the lack of a charge for dinners and gloves and for collections. The cost of these two items at Cambridge was three shillings and eight shillings respectively.⁵³ The ecclesiastical licenses may have been cheaper, but their validity was not so extensive, since the university license permitted one to practice anywhere in England. Its counterpart in the ecclesiastical scheme was the archbishop's license which might very well have cost the same when valid for the entire province. Want of information on this point compels one to speculate, but it may reasonably be assumed that a license valid in several dioceses, or the entire province, cost more than a license for a single diocese, while a license for only an archdeaconry probably cost the least of all. In 1688 Gregory King stated that the average yearly income of a man of science was sixty pounds.⁵⁴ If a man had to spend two pounds of this to get his license his first year, such a license was not cheap.

Such were the provisions which Tudor government instituted to safeguard the health of the nation. With scarcely any modifications these provisions remained the basis for regulating the medical profession in England until the nineteenth century. By comparison with continental countries, England had an efficient system of medical supervision. Although medicine was controlled by the universities and ecclesiastical authorities, which by modern standards were not the agencies that could give the profession the type of control it needed, yet so long as these institutions were efficient and conscientious the methods used resulted in a practical and effective supervision of the medical field.

⁵¹ Diocesan Registry, Llandaff, Subscription Book, 1707-1807.

⁵² Diocesan Registry, London, Vicar-General's Register, 1705-1715, fol. 21.

⁵³ Whitgift *Statutes*, I, 37.

⁵⁴ George Chalmers, *An Estimate of the Comparative Strength of Great Britain . . . to Which is now annexed Gregory King's Celebrated State of England* (London, 1804) 49.